## TUBERCULOSIS SKIN TESTING FACILITY RECORD

|                      |            | AGILIT HECOND |  |
|----------------------|------------|---------------|--|
| EMPLOYEE NAME/CLIENT |            |               |  |
|                      |            |               |  |
| DATE OF BIRTH        |            |               |  |
| ANTIGENS(S) USED     | )          |               |  |
| LOT NUMBERS(S)       | (ONE STEP) | (TWO STEP)    |  |
| DATE(S) OF TEST      | (ONE STEP) | (TWO STEP)    |  |
| DATE(S) READ         | (ONE STEP) | (TWO STEP)    |  |
| RESULTS (IN MM)      | (ONE STEP) | (TWO STEP)    |  |
| GIVEN BY             |            | READ BY       |  |
| COMMENTS             |            |               |  |

## EMPLOYEE RECORD TB SKIN TEST

| NAME              |     |
|-------------------|-----|
| FACILIT<br>TESTED |     |
|                   |     |
| DOB               |     |
| ANTIGE            | N   |
| DATE<br>GIVEN     |     |
| DATE RE           | EAD |
| RESULT            | S   |
| GIVEN B           | Υ   |
| READ BY           | Y   |
|                   |     |

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## TUBERCULOSIS SKIN TESTING FACILITY RECORD

| EMPLOYEE NAME/CLIENT              |            |            |  |
|-----------------------------------|------------|------------|--|
|                                   |            |            |  |
| DATE OF BIRTH                     |            |            |  |
| ANTIGENS(S) USED                  | )          |            |  |
| LOT NUMBERS(S)                    | (ONE STEP) | (TWO STEP) |  |
| DATE(S) OF TEST                   | (ONE STEP) | (TWO STEP) |  |
| DATE(S) READ                      | (ONE STEP) | (TWO STEP) |  |
| RESULTS (IN MM)                   | (ONE STEP) | (TWO STEP) |  |
| GIVEN BY                          |            | READ BY    |  |
| COMMENTS                          |            |            |  |
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## EMPLOYEE RECORD TB SKIN TEST

| NAME                  |  |
|-----------------------|--|
| FACILITY<br>TESTED AT |  |
|                       |  |
| DOB                   |  |
| ANTIGEN               |  |
| DATE<br>GIVEN         |  |
| DATE READ             |  |
| RESULTS               |  |
| GIVEN BY              |  |
| READ BY               |  |

th.

| FACILITY RECORD           |            |            |   |  |
|---------------------------|------------|------------|---|--|
| EMPLOYEE NAME/CLIENT      |            |            |   |  |
|                           |            |            |   |  |
| DATE OF BIRTH             |            |            |   |  |
| ANTIGENS(S) USED          |            | •          |   |  |
| LOT NUMBERS(S)            | (ONE STEP) | (TWO STEP) | - |  |
| DATE(S) OF TEST           | (ONE STEP) | (TWO STEP) |   |  |
| DATE(S) READ              | (ONE STEP) | (TWO STEP) |   |  |
| RESULTS (IN MM)           | (ONE STEP) | (TWO STEP) |   |  |
| GIVEN BY                  |            | READ BY    |   |  |
| COMMENTS                  |            |            |   |  |
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TUBERCULOSIS SKIN TESTING

EMPLOYEE RECORD
TB SKIN TEST

| TB SKIN TEST          |  |
|-----------------------|--|
| NAME                  |  |
| FACILITY<br>TESTED AT |  |
|                       |  |
| DOB                   |  |
| ANTIGEN               |  |
| DATE<br>GIVEN         |  |
| DATE READ             |  |
| RESULTS               |  |
| GIVEN BY              |  |
| READ BY               |  |